



PTO/SB/21 (04-07)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/566,866
Filing Date	February 2, 2006
First Named Inventor	Dirk Werling
Art Unit	1615
Examiner Name	TBA
Attorney Docket Number	E072 1070.1 50718.0008.5

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Appointment of Power of Attorney By Assignee of Entire Interest; Power of Attorney and Correspondence Address Indication Form; and Ackn. Postcard
Remarks Please charge any necessary fees due to Deposit Account No. 09-0528.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Womble Carlyle Sandridge & Rice PLLC		
Signature	<i>David Bradin</i>		
Printed name	David S. Bradin		
Date	July 24, 2007	Reg. No.	37,783

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	<i>Sandy Stufano</i>		
Typed or printed name	Sandy Stufano	Date	July 24, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:)	Examiner:	TBA
)		
Werling, Dirk)	Art Unit:	1615
)		
Serial No.: 10/566,866)	Docket No.:	E072.1070.1
)		(50718.0008.5)
Filed: February 2, 2006)		
)		
For: Antigen Delivery System)		

APPOINTMENT OF POWER OF ATTORNEY BY ASSIGNEE
OF ENTIRE INTEREST

Commissioner for Patents
Post Office Box 1450
Alexandria, Virginia 22313-1450

The Royal Veterinary College, Assignee of the above-referenced patent application on file with the U.S. Patent and Trademark Office, by assignment document recorded at Reel 018392/Frame 0015, hereby revokes any and all former Powers of Attorney and appoints David S. Bradin, Reg. No. 37,783, and the practitioners associated with Customer Number 26158 as Applicant's attorneys with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith.

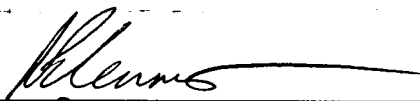
Furthermore, in accordance with 37 CFR 3.73(b), the undersigned hereby states that the documentary evidence of a chain of title from the original owner to the Assignee, i.e., the assignment document referenced above, has been reviewed and the undersigned certifies that, to the best of Assignee's knowledge and belief, title is in Assignee who seeks to prosecute this application.

Please recognize the correspondence address for the above-identified application as the address associated with Customer Number 26158, Attention: David S. Bradin, Reg. No. 37,783 at (919.484.2382).

The undersigned (whose title is supplied below) is authorized to act on behalf of the Assignee.

Respectfully submitted,

18/6/07
Date


Name: R. BLANNERHASSETT
Title: DIRECTOR OF FINANCE

The Royal Veterinary College
Royal College Street
London NW1 0UT
UNITED KINGDOM

Attorney Dkt. No.: E072.1070.1 (50718.0008.5)



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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/566,866
Filing Date	February 2, 2006
First Named Inventor	Dirk Werling
Title	Antigen Delivery System
Art Unit	1615
Examiner Name	TBA
Attorney Docket Number	E072 1070.1 (50718.0008.5)

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

26158

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

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☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

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Email

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	18-6-07
Name	R. BLANNERHASSETT	Telephone	02074685132
Title and Company	DIRECTOR OF FINANCE, THE ROYAL VETERINARY COLLEGE		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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